

MAR - 1 2012



Please type or print in ink.

2012 MAR - 1 PM 4:49

NAME OF FILER

(LAST)

(FIRST)

(MIDDLE)

Lieu

Ted

W.

1. Office, Agency, or Court

Agency Name

State Senate

Division, Board, Department, District, if applicable

Your Position

District 28

Senator

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: \_\_\_\_\_

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/1/2012  
(month, day, year)

Signature

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Ted W. Lieu</u>

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

US Air Force Reserves

ADDRESS (Business Address Acceptable)

Los Angeles AFB, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Armed Forces/National Defense

YOUR BUSINESS POSITION

Lt. Colonel

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☒ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Harriton Investments

ADDRESS (Business Address Acceptable)

2130 Huntington Drive, South Pasadena CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Investments

YOUR BUSINESS POSITION

Spouse's employment

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

\_\_\_\_\_ %      ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None      ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address

City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

# **SCHEDULE D** **Income – Gifts**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>Ted W. Lieu</u>
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► NAME OF SOURCE  
Motion Picture Association of America, Inc  
 ADDRESS (Business Address Acceptable)  
15301 Ventura Blvd, Building E Sherman Oaks  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 24 / 11</u>	\$ <u>21.13</u>	<u>Lunch-P. F. Chang's</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                    </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                    </u>

► NAME OF SOURCE  
ILWU  
 ADDRESS (Business Address Acceptable)  
231 West C Street Wilmington  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Senator Lieu Spoke at event

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 03 / 11</u>	\$ <u>130.00</u>	<u>Jacket</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                    </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                    </u>

► NAME OF SOURCE  
CA New Car Dealers Association  
 ADDRESS (Business Address Acceptable)  
1415 L Street, Suite 700 Sac CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 29 / 11</u>	\$ <u>107.52</u>	<u>Value of food, drink</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>at Cocktail Reception &amp;</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>Dinner</u>

► NAME OF SOURCE  
Toyota  
 ADDRESS (Business Address Acceptable)  
601 Thirteenth Street,NW, Sutie 910 Washington DC  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 04 / 11</u>	\$ <u>420.00</u>	<u>Lakers basketball</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>game</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                    </u>

► NAME OF SOURCE  
John Schoen  
 ADDRESS (Business Address Acceptable)  
2500 Redondo Beach Blvd.  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE Torrance 90504

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 10 / 11</u>	\$ <u>125<sup>00</sup></u>	<u>Kings Tickets</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>Arco Arena</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                    </u>

► NAME OF SOURCE  
The CA State Floral Association-CA Ag Day  
 ADDRESS (Business Address Acceptable)  
1521 I Street Sac CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Agriculture Day

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 23 / 11</u>	\$ <u>16.95</u>	<u>Bouquets of flower</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>for the office</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                    </u>

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Ted W. Lieu</u>

► NAME OF SOURCE  
Personal Insurance Federation of CA  
ADDRESS (Business Address Acceptable)  
1201 K Street, Suite 1220 Sac CA 95814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 24 / 11</u>	\$ <u>67.83</u>	<u>Dinner at the Sutter</u>
<u>    /    /    </u>	\$ <u>        </u>	<u>Club</u>
<u>    /    /    </u>	\$ <u>        </u>	<u>        </u>

► NAME OF SOURCE  
The CA Automatic Vendors Council  
ADDRESS (Business Address Acceptable)  
80 S. Lake Ave., Suite 538 Pasadena CA 91101  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 10 / 11</u>	\$ <u>20.00</u>	<u>gift bag containing</u>
<u>    /    /    </u>	\$ <u>        </u>	<u>several snack items</u>
<u>    /    /    </u>	\$ <u>        </u>	<u>        </u>

► NAME OF SOURCE  
Senator Darrell Steinberg-CA Dem Party  
ADDRESS (Business Address Acceptable)  
1127 11th Street, Suite 242 Sac CA 95814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 11 / 11</u>	\$ <u>40.00</u>	<u>Farewell Reception for</u>
<u>    /    /    </u>	\$ <u>        </u>	<u>Janelle Beland at</u>
<u>    /    /    </u>	\$ <u>        </u>	<u>Cosmo Cafe</u>

► NAME OF SOURCE  
American Airline  
ADDRESS (Business Address Acceptable)  
222 N. Sepulveda Blvd., Suite 2100 El Segundo 9024  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 17 / 11</u>	\$ <u>230.00</u>	<u>Board of Directors</u>
<u>    /    /    </u>	\$ <u>        </u>	<u>Community Dinner</u>
<u>    /    /    </u>	\$ <u>        </u>	<u>        </u>

► NAME OF SOURCE  
Toy Industry Association, Inc.  
ADDRESS (Business Address Acceptable)  
1115 Broadway, Suite 400 New York NY 10010  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 08 / 11</u>	\$ <u>4.00</u>	<u>TIA's Inaugural CA Toy</u>
<u>    /    /    </u>	\$ <u>        </u>	<u>Day</u>
<u>    /    /    </u>	\$ <u>        </u>	<u>        </u>

► NAME OF SOURCE  
Fidelity Information Services  
ADDRESS (Business Address Acceptable)  
11601 Roosevelt Blvd. Saint Petersburg FL 33716  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 22 / 11</u>	\$ <u>79.00</u>	<u>Dinner at Biba</u>
<u>    /    /    </u>	\$ <u>        </u>	<u>        </u>
<u>    /    /    </u>	\$ <u>        </u>	<u>        </u>

Comments: \_\_\_\_\_

# **SCHEDULE D** **Income – Gifts**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>Ted W. Lieu</u>
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▶ NAME OF SOURCE  
Kaiser Permanente  
 ADDRESS (Business Address Acceptable)  
1215 K Street, Suite 2030 Sac CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Kaiser Foundation Health Plan, Inc.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 16 / 11</u>	<u>\$ 46.71</u>	<u>Sen. Leadership</u>
<u>    /    /    </u>	<u>\$</u>	<u>Breakfast</u>
<u>    /    /    </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE  
Law Offices of Olson Hagel & Fishburn LLP  
 ADDRESS (Business Address Acceptable)  
555 Capitol Mall, Suite 1425 Sac CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
CA for Clean Energy & Jobs

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 17 / 11</u>	<u>\$ 47.35</u>	<u>Food &amp; Beverages-</u>
<u>    /    /    </u>	<u>\$</u>	<u>Clean Tech</u>
<u>    /    /    </u>	<u>\$</u>	<u>Convening Event</u>

▶ NAME OF SOURCE  
Red Chamber  
 ADDRESS (Business Address Acceptable)  
1912 E. Vernon Ave. Vernon CA 90058  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Test Kitchen

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 20 / 11</u>	<u>\$ 60.00</u>	<u>Fish Sample</u>
<u>    /    /    </u>	<u>\$</u>	<u></u>
<u>    /    /    </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE  
Andrea Landi / Landi Renzo  
 ADDRESS (Business Address Acceptable)  
23535 Telo Ave. Torrance 90506  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 20 / 11</u>	<u>\$ 100.00</u>	<u>Gift Basket</u>
<u>    /    /    </u>	<u>\$</u>	<u></u>
<u>    /    /    </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$</u>	<u></u>
<u>    /    /    </u>	<u>\$</u>	<u></u>
<u>    /    /    </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$</u>	<u></u>
<u>    /    /    </u>	<u>\$</u>	<u></u>
<u>    /    /    </u>	<u>\$</u>	<u></u>

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> <b>FAIR POLITICAL PRACTICES COMMISSION</b>
Name <u>Ted W. Lieu</u>

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

NAME OF SOURCE <u>Parliament of Azerbaijan</u>	
ADDRESS (Business Address Acceptable) <u>1 Parliament Ave, AZ 1152 Baku,</u>	
CITY AND STATE <u>Azerbaijan Repulic</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
<u>Government</u>	
DATE(S): <u>09 / 25 / 11</u> - <u>09 / 29 / 11</u>	AMT: \$ <u>3080.00</u>
(If gift)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	
<u>Hotel accommodation, ground transportation, meals</u> <u>and cultural activities</u>	

NAME OF SOURCE <u>The Pacifica Institute</u>	
ADDRESS (Business Address Acceptable) <u>1019 Gayley Ave., Suite A</u>	
CITY AND STATE <u>Los Angeles, CA 90024</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input checked="" type="checkbox"/> 501 (c)(3)
<u>Cross-cultural awareness foundation</u>	
DATE(S): <u>09 / 15 / 11</u> - <u>09 / 25 / 11</u>	AMT: \$ <u>2710.00</u>
(If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	
<u>Hotel accommodation, transportation, meals, cultural</u> <u>activities.</u>	

NAME OF SOURCE <u>CA Foundation on the Environment and the Economy</u>	
ADDRESS (Business Address Acceptable) <u>Pier 35, Suite 202</u>	
CITY AND STATE <u>San Francisco, CA 94133</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
<u>roundtable conf. on CA Infrastructure: A path to</u>	
DATE(S): <u>10 / 10 / 11</u> - <u>10 / 11 / 11</u>	AMT: \$ <u>277.62</u>
(If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
<input checked="" type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	
<u>Monday buffet lunch, hors d'oeuvres and dinner,</u> <u>Tuesday breakfast, box lunch and Tuesday beverage</u>	

NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____ / ____ / ____ - ____ / ____ / ____	
(If gift)	
AMT: \$	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	

Comments: \_\_\_\_\_

**CALIFORNIA FORM 700**  
**FAIR POLITICAL PRACTICES COMMISSION**  
**AMENDMENT**

NAME OF SOURCE		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE

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ADDRESS (*Business Address Acceptable*)

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

**Filer's Verification**

Print Name Ted W. Lieu

Office, Agency or Court State Senate

Statement Type ☒ 2011/2012 Annual ☐ Assuming ☐ Leaving  
☐ \_\_\_\_\_ Annual ☐ Candidate  
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/2/12  
(c)(1)

Filer's Signature \_\_\_\_\_

Comments: \_\_\_\_\_

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION

12 APR 11 AM 10:11

**SCHEDULE E**

**Income – Gifts  
Travel Payments, Advances,  
and Reimbursements**



**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

**AMENDMENT**

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE

Parliament of Azerbaijan

ADDRESS (Business Address Acceptable)

1 Parliament Ave, AZ 1152 Baku

CITY AND STATE

Azerbaijan Republic

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

Government

DATE(S): 09/25/11 - 09/29/11 AMT: \$ 3080.00  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Hotel accommodation, ground transportation, meals  
and cultural activities

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

**Filer's Verification**

Print Name Ted W. Lieu

Office, Agency  
or Court CA State Senate

Statement Type ☒ 2011/2012 Annual ☐ Assuming ☐ Leaving  
☐ \_\_\_\_ Annual ☐ Candidate  
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 4/10/12  
(month, day, year)

Filer's Signature

(c)(1)

Comments: